Director's Signature:	MM
Employee signatures on this time sheet certify the employee has performed the work associated with the account	(s) listed.

Time Log/Program / Area: ______2048-- Boston Drug Lab

Week Ending: April 10, 2010

Employee Name:	T =			· · · · · · · · · · · · · · · · · · ·	····				weel	K Ending:	April 10	J, 2010			
Employee Name.	n	Sunday 04	1/04/10	Monday 0	4/05/10	Tuesday 0		Wednesday	y 04/07/10	Thursday	04/08/10	Friday 04/0	9/10	Saturday 04	/10/10
Corbett,Kate	Day: In – Out			(14)	2,7	!!	200			(15)	300	119	DUD		
1.556 000 J	Lunch: Out In			19"	130	1300	130			1200	1230	1500	1730		
Employee Signature	Outside Duty: From – To						V				Je Z	10-	1/		
Document exceptions or comments, indica amount.	ate type and							7.51	nci						
Dookhan,Annie	Day: In – Out			6.45	320	645	315	6:45	320	645	215	10:45	330		
45161000	Lunch: Out – In		Constitute of the second direction of the contract of the cont	N _D	120	1200	230	1200	1230	140 JU	23	1200	250		
Employee Signature	Outside Duty: From – To		1							રે ¹⁰	NJ30		10250		
Document exceptions or comments, indica amount.	ate type and	Programme Control								Laurora	e Sup.	Cambing Medforg	e Astact		
Feiden, Stacey	Day: In – Out			8:15	4:15	8:8)	4:30	8:30	4:30	8:15	1:45	0.75	4:25	251	
8400-9745 N	Lunch: Out – In			12:00		12:00			1230	1200	2:20	15:00	7:30		
Employee Signature	Outside Duty: From – To										300	1,02	12 00		
Document exceptions or comments, indica amount.	ate type and			-	1 ,,					2.5	sic-				
Frasca, Daniela	Day: In – Out		Section 1	6:45	2:45	6145	2:45	6:45	2245			6105	7:40		
45161000	Lunch: Out – In			12130		12:45	11 2 3 4	1230		81.00	4:00		2:45		
Employee Signature	Outside Duty: From – To	- 19 (19 (19 (19 (19 (19 (19 (19 (19 (19							1.000		C		15.34		
Document exceptions or comments, indica amount.	ate type and		Arms.							Celebra. S:	0				

Director's Signature.							Timo	LogiDroge						
Employee signatures on this time sheet certify the employee has performed to			he work associated with the account(s) listed				_ 111116	Log/Progra	ım / Area:	2048 Bost	ton Drug Lab			<u> </u>
								Wee	k Endina:	April 10	1. 2010			
Employee Name:		Sunday 04/04/10	Monday 0	04/05/10	Tuesday 0	4/06/10	Wednesda		Thursday					
Glazer,Lisa	Day: In – Out	200 (100 (100 (100 (100 (100 (100 (100 (1/04/	HV5	10115	MOIVE	10116	100/15	/ 0 71	14/06/10	Friday 04/0	9/10 سی	Saturday 0	4/10/10
	Lunch:		W6 W	12×	10,7	(X154)	10.7°	124	1645	10/340	6.45	1245		1.5
45161000 Al Marza N	Out – In	Section Section Section 1	112	130	12,00	12:35	D12200	12.26	00.6/4	12:30	12:00	1702		7. 7. 18. 2. 7. 18.
Employee Signature	Outside Duty: From – To		1				12:500	01:30			$\frac{10000}{1000}$	10 -J		
					 		1310	The Oth	¹)				17 14 19 19 19	
Document exceptions or comments, indicamount.	.1			. •	-									
Lawler, Michael	Day: In – Out	100 Aug 100 Au	925	600	805	450	800	4:50	815	430	300	430	730	400
45161000 Charles	Lunch: Out – In		225	255	205	235	240	310	105	135	1200	/30	10.20	Noo
Employee Signature	Outside Duty: From – To													
Document exceptions or comments, indica amount.													OT a	2.5 _
Medina, Nicole	Day: In – Out		7:55	355	130	3:30	7:40	3:40	8.05	1235	755	355	اسير د . د .	, _ /
46/61000 C	Lunch: Out – In		12	1230	1	1230	12	1230		10	1200	12 ³⁰		3:05
Employee Signature	Outside Duty: From – To						1.	, -		:		12	1145	
Document exceptions or comments, indica amount.			A THE STATE OF THE			-			3.0 h		``		OTZ	Э Э /
O'Brien, Elisbeth	Day: In – Out		135	415	735	235	740	Sto	740	215	745	315		
45161000	Lunch: Out – In	The second secon	1165	15	1)30	1200	1130	1200	1130	1200	1130	7 P		
Employee Signature	Outside Duty: From – To						V		111111111111111111111111111111111111111			1-	The second secon	
Document exceptions or comments, indica amount.	ite type and		Per	2.5					+00	5 (ow	+0	1,5 com		

Director's Signature:

Director's Signature:											
Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed. Time Log/Program / Area: 2048 Boston Drug Lab											
Week Ending: April 10, 2010											
Employee Name:		Sunday 04/04/10	Monday 04/05/10	Tuesday 04/06/10	Wednesday 04/07/10	Thursday 04/08/10	Friday 04/09/10	Saturday 04/10/10			
Philips, Gloria	Day: In – Out										
45161000	Lunch: Out – In										
Employee Signature	Outside Duty: From – To										
Document exceptions or comments, indica amount.		SIC 7.5	CMT75	CMT 7.5	JOP 1.5	CMT7.5					
Piro, Peter	Day: In – Out				10° 30	725 345	72340				
45161000	Lunch: Out – In					1200 1230	12 1234	J			
Employee-Signature	Outside Duty: From – To										
Document exceptions or comments, indica amount.	ate type and		SIZ 7.5	5/67.5	25 2						
Renczkowski, Daniel	Day: In – Out			645 24	730 330	805 405	C045 145	645 345			
45161000	Lunch: Out – In			1215 1245			1130 1200				
Employee Signature	Outside Duty: From – To				12:15 1:20		1130 11600	1145 1215			
Document exceptions or comments, indicate type and amount.			Vac 7.5		BMC	1-1	Sic	TO			

amount.

Saunders, Della	Day: In – Out	
45161000	Lunch: Out – In	まで、製造
Employee Signature	Outside Duty: From – To	
Document exceptions or comments, indica	ate type and	

y: Out	-785	6:45	242	6:45	2.45	1:45	20,45		
nch: t – In		1:15	1:45	(1),(1)	1020	1:00	130		_
tside Duty:	8 1/2				<u> </u>	1	-	-	

8:10

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Sic

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0T 7.5 hc

Director's Signature:	CAS S		•
·		Time	Log/Pr
Employee signatures on this time sheet certify the en	nployee has performed the work associated with the account(s) listed.		

me Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 10, 2010

Employee Name: Sunday 04/04/10 Monday 04/05/10 Tuesday 04/06/10 Wednesday 04/07/10 Thursday 04/08/10 Friday 04/09/10 Saturday 04/10/10 Day: 900 500 Sprague, Shirley In - Out Lunch: 45161000 Out - In 30 in Outside Duty: **Employee Signature** From - To Document exceptions or comments, indicate type and amount Day: 6-45 Tan, Zhi In - Out Lunch: 11.75 1211 12:13 11245 45161000 Out - In 1:25 13:15 12:30 Pain Outside Duty: **Employee Signature** From - To 11:30 Document exceptions or comments, indicate type and amount. Day: 30 810 210 Tran, Mai In - Out Lunch: 45161000 Out - In Outside Duty: Employee Signature From - To Document exceptions or comments, indicate type and 1,25 VAC amount. Day: In - Out Lunch: 45161000 Out - In Outside Duty: **Employee Signature** From - To Document exceptions or comments, indicate type and amount.

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Em	ployee: Lis	ted Below	· · · · · · · · · · · · · · · · · · ·	Employee	#: <u>Listal Bela</u>
Department:	Deug L	aboratory	<u> </u>		. *
Date(s) of ov	V	: 4/10/10		·	
# of hours red	quested: <u>Li</u>	std Below		A	<i>(</i>) 0
Why work ca	nnot be com	pleted during reg	gular hours:	PRINTITANT	Backley of
Sauples					
Overtime is to		d at OT rate	added to co	np time balanc	e
	, -	Trate, complete below)			
OT Account:	540000	1145			
Approval:		e de successo ausar ano arterior de general que de	ный постанат (1555 г.п.н.н.) - спистично цент	i. 12. luurin 1920 kanna tarka ja kanna 1970 (h. 1825)	a weekleen and a second of the comment of the comme
Supervisor:_		alem		Date	e: <u>4/6/10</u>
Department 2	Head:	Miliagero	Man	Date	: 4/6/10
Denial reason	n:				
de la consecuencia della d	erkenen (us. 6 An) (l. 11. Talatsalli kalikari erken kesik talatsalli kalikari	anna een kantana eeskeeroondeen korekey kuuree	PPORPERANDINA POREITEN BEI SANTE BANG MESAN	watawa neessimmeelia ea ye nimitoheenia ah w	f f
Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Irchael Lawki	120459	7,5			
<u>(icole Meding</u>	285766	7,5			
vel Perczkawki ella Saundees	297613	7,5			
ella Saunders	147387	7,5			
hiTav	148724	7,5			